

Repair Form

First Name _____ Last Name _____

Company _____ Address _____

City _____ Zip _____ Home Number () _____ - _____

Cell Phone () _____ - _____ Email _____ @ _____

ISP Comcast/Verizon/Other _____ Password(s) _____
Windows log on

Computer Make _____ Model _____ Windows 2000/ XP/VISTA

Warranty Yes / No Antivirus Software Norton/ McAfee Other _____

Computer Problem(s) Virus/Pop ups/ slow/ blue Screen/missing
Files/Internet/Video/crashes/startup problems/won't turn on/ cracked screen/back
light/keyboard/power jack/water damage Other _____

What should we backup? (My documents, Favorites, Pictures, Music, Documents,
QuickBooks, Turbo Tax, Outlook or Express
Other _____

How do you get your Email?

Same Day Service? Yes/No (fees may be applied)

How did you hear of us? Verizon/Talking Phone Book / Drive By / Referred
By _____ Other _____

By signing this form you are giving A.M.P. computers the right to work on your PC. Not responsible for any lost data. Will only hold onto repaired computers for up to 60 days (depending on the circumstance).

Sign _____ Date ____/____/____

CEO Michael Wolkovits